

**Cape May County
Department of Transportation
Certification Application
(For Veterans, Spouses and Widows)**

Name: _____

Address: _____

If you have a rural delivery (RDF#) or Post Office Box,
please briefly describe how to locate your residence:

Telephone: _____

Date of Birth: _____

Social Security: _____

Emergency Contact: _____

Telephone #: _____

Disabilities (if any): _____

Dates of Service: _____

Branch of Service: _____

Please return this application:

**Cape May County
Department of Transportation
4 Moore Road
Cape May Court House, NJ 08210-1601**